

## PART B - FEE(S) TRANSMITTAL

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22204            7590            01/25/2010

NIXON PEABODY LLP  
401 9<sup>TH</sup> STREET, N.W.  
SUITE 900  
WASHINGTON, D.C. 20004-2128

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/573,328	03/24/2006	Shinji MAEKAWA	740756-2943	4975

TITLE OF INVENTION CLAMP-ON ULTRASONIC FLOWMETER

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510	04/26/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, ANTHONY	2815	438-0990001

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>NIXON PEABODY LLP</u> 2. <u>Jeffrey L. Costellia</u> 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

SEMICONDUCTOR ENERGY LABORATORY CO., LTD.

Kanagawa-ken, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>19-2380</u> (enclose an extra copy of this form).
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Commissioner for Patents is requested to supply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) <u>Jeffrey L. Costellia, Reg. No. 35,483/</u> <u>Jeffrey L. Costellia Reg. No. 35,483</u>	(Date) 04/26/2010
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